POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		59	351
O.I.P.E. CLASSIFIER		949	3/14/87
FORMALITY REVIEW	DW		10-10-01
RESPONSE FORMALITY REVIEW	MA	615	

INDEX OF CLAIMS

✔ .... Rejected
= .... Allowed
— (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim		Date
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Claim		Date
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Claim		Date
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If more than 150 claims or 10 actions
staple additional sheet here

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